



118th MAINE LEGISLATURE

FIRST SPECIAL SESSION-1997

Legislative Document

No. 1857

H.P. 1309

House of Representatives, May 1, 1997

An Act to Protect Patients of Managed Care Plans.

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

JOSEPH W. MAYO, Clerk

Presented by Representative BROOKS of Winterport. Cosponsored by Representatives: BRAGDON of Bangor, LOVETT of Scarborough, SAXL of Portland. Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §4301, sub-§§2-A, 4-A and 4-B are enacted to read:

6 2-A. Health care treatment decision. "Health care treatment decision" means a determination made when medical
8 services are provided by the managed care plan or a decision that affects the quality of the diagnosis, care or treatment provided
10 to an enrollee of the managed care plan.

12 <u>4-A. Medically appropriate care.</u> "Medically appropriate care" means care that meets the standard for care for health care services as determined by health care providers in accordance with the prevailing practices and standards of the medical profession and community.

 18 4-B. Ordinary care. "Ordinary care" means, in the case of a carrier, the degree of care that a carrier of ordinary prudence
20 would use under the same or similar circumstances. For a person who is an employee, agent, ostensible agent or representative of
22 a carrier, "ordinary care" means the degree of care that a person of ordinary prudence in the same profession, specialty or area of
24 practice would use in the same or similar circumstances.

Sec. 2. 24-A MRSA §4310 is enacted to read:

28 §4310. Duty of care

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 30 1. Carrier duty: liability. A carrier has the duty to exercise ordinary care when making health care treatment
32 decisions and is liable for damages for harm to an enrollee proximately caused by the failure of the carrier to exercise
34 ordinary care.

 2. Carrier liability for others. A carrier is liable for damages for harm to an enrollee proximately cause by the health
care treatment decisions made by its:

40 <u>A. Employees;</u>

42 <u>B. Agents;</u>

44 <u>C. Ostensible agents; or</u>

 46 D. Representatives who are acting on behalf of the carrier and over whom the carrier has the right to exercise
48 influence or control or has actually exercised influence or control when that influence or control results in the
50 failure to exercise ordinary care.

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3. Burden of proof. In an action under this section, the burden is on the carrier to prove that a length of hospital stay approved by the carrier was consistent with medically appropriate care.

4. Limitation. Standards of care required by subsections 1 б and 2 do not require a carrier to provide to an enrollee treatment that is not covered by the managed care plan provided 8 by the carrier.

5. Law not a defense. The laws of the State prohibiting a 12 person from practicing medicine may not be asserted by a carrier as a defense in any action.

6. Proof of relationship. In an action against a carrier, a finding that a physician or other health care provider is an 16 employee, agent, ostensible agent or representative of the 18 carrier may not be based solely on proof that the person's name appears in a listing of approved physicians or health care 20 providers made available to enrollees under a managed care plan.

7. Workers' compensation. This section does not apply to workers' compensation insurance coverage.

SUMMARY

This bill establishes a duty and standard of ordinary care that must be provided by an insurance company, health maintenance organization, preferred provider organization or a nonprofit hospital or medical service organization under a managed health It also authorizes a person enrolled in a managed 32 care plan. health care plan to bring a legal action for damages against a 34 carrier if the person is harmed by a carrier's failure to exercise ordinary care.

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